

Application for or Renewal of Limited and Temporary License Residency/Specialty Training

Access this form via website at: www.state.hi.us/dcca/pvl

Board of Medical Examiners
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801
Phone: (808) 586-3000

Lic. No.

Eff. date:

Residency code:

Exp. Date:

Name (First-Middle)

(Last)

Mailing Address (include apt. no., city, state and zip code)

Social Security No.

Phone No. (days)

FOR OFFICE USE ONLY

- Failure to provide all the requested information will delay the processing of your application.

Check one:

☐ Initial application: _____ MDR or _____ DOSR

☐ Renewal MDR - _____ or DOSR - _____

ATTACH:

- (1) Letter signed by a Hawaii authority at the institution verifying the starting and ending dates of your appointment as a resident or acceptance for specialty training. (A letter must be attached with the initial application and with each renewal thereafter.)

AND

- (2) Fee (\$50-initial application **or** \$35-renewal) made payable to the Department of Commerce & Consumer Affairs.

I understand that the limited and temporary license limits me in the practice of medicine and surgery to the extent required by the duties of my position or by the program of training while at the hospital.

I further understand the limited and temporary license is valid for one year after date of issue and is subject to renewal at least one month before the end of the valid period.

I accept the responsibility of renewing the limited and temporary license with no further notification from the Board of Medical Examiners.

Signature of Applicant

Date _____

Osteo Resident:

Appl.....464\$25
Lic.....466\$25
Ren460\$35

Med Resident:

Appl.....323\$25
Lic.....312\$25
Ren300\$35
Service FeeBCF\$15